

FILED

2020 OCT 14 A 10:22

U.S. DISTRICT COURT
N.D. OF ALABAMA

CIVIL ACTION NO#

2:20-CV-1383-

GMB

Jm

Harford Life & Accident
Company

Plaintiff

v. Henrietta Brown, Crystal
Brown Barr, Lakeysa
Brown Leverette

Fannie McCary

C & J Financial, Inc.

Defendants

Civil Action NO.

2:20-cv-1383

GMB

The Answer

Dmy ~~XXXXXXXXXX~~ of Fannie McCary

I am the Step Daughter of Ricky Lewis Brown. My Stepfather acknowledge me as his real Daughter. He died in Dec. of 2001. My Mother ^{is} Henrietta Brown. My Stepsister Crystal Brown & Myself he left on his Hartford Beneficiary on his insurance Policy from Hartford Insurance. (I have a copy Attached). I don't know why I WASN'T Notified until June THAT I WAS A 15% Beneficiary From Hartford Ins. Co. My Apology For Not Having Attorney But I could not Afford one. I AM on the Beneficiary form Attached. I Hope that My Stepfather/Father wishes will be granted. He spelled My Name ^{Wrong} But He got my Social Security Number ~~right~~ right. All I want is what rightfully belong to me & THAT IS MY 15% of ~~proceeds~~ Proceeds.

I Didn't have any knowledge that I had
a part of this. ~~until~~ until After my Mother
& Step Sister Had already ~~start~~ started Fighting
A legal Battle. I didn't know until Hayford
wrote me in June.

Sign: Jannie McCary
Date: 10/14/2020

Address - P.O. Box 12 / Phone #
Brierfield Ala.
35035 / 205-576-6012

my Name
is circled

201308062000111

BENEFICIARY DESIGNATION



☐ Initial Beneficiary Designation(s) OR ☐ Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s). If any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group and direct that the insurance proceeds payable under the policy be paid as indicated below.

Insured/Member Name: <u>Ricky Lewis Brown</u>	Social Security Number: <u>XXX XX 9049</u>
Insured/Member Address: <u>616 Lewis Ave Bessemer AL 35020</u>	Telephone Number: <u>(205) 401-2030</u>
Policyholder:	Policy Number:

NAMING YOUR LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact the company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise according to the terms under the policy.

PRIMARY BENEFICIARY(IES)

Name: <u>Henrietta Brown</u>	Date of Birth: <u>██████-45</u>
Address: <u>████████████████████ Bessemer AL 35021</u>	Telephone Number: <u>████████-8814</u>
Social Security Number: <u>██████-4012</u> Relationship: <u>wife</u>	Benefit Percent: <u>70%</u>
Name: <u>Crystal S. Barr</u>	Date of Birth: <u>██████-1985</u>
Address: <u>████████████████████ Brent AL 35034</u>	Telephone Number: <u>████████-7635</u>
Social Security Number: <u>██████-4984</u> Relationship: <u>Daughter</u>	Benefit Percent: <u>15%</u>
Name: <u>Fannie M. McCarty</u>	Date of Birth: <u>██████-67</u>
Address: <u>████████████████████ AL</u>	Telephone Number: <u>████████-0027</u>
Social Security Number: <u>██████-5977</u> Relationship: <u>Daughter</u>	Benefit Percent: <u>15%</u>

CONTINGENT BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____ Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____ Relationship: _____	Benefit Percent: _____

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: Spousal consent does not apply to ERISA plans. This will certify that, as spouse of the Insured named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of the group life term insurance and/or accidental death and dismemberment (AD&D) insurance issued under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Insured/Member's Spouse: _____ Date: _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Insured/Member: Ricky Lewis Brown Date: 07/24/13
Please note that a Power of Attorney (POA) may not have the authority to change a beneficiary.